

STANDARD CERTIFICATE OF DEATH

State File No.

10546

 BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2621

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2720 Ann Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>23 2720 Ann Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewel (Julia)</u> b. (Middle) <u>-</u> c. (Last) <u>Wolf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 10, 1900</u>
9. AGE (in years last birthday) <u>53</u>		10. UNDER 1 YEAR Months Days 11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleswomen</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tractor Company</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Butte, Montana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Gannon</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Callan</u>	
14. NAME OF HUSBAND OR WIFE <u>Rudyard C. Wolf</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>323-03-0880</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rudyard Wolf, 2720 Ann Avenue</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the breast (removed)</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>metastases to lungs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>about 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the breast</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>170X</u>		22. I hereby certify that I attended the deceased from <u>Jan 14, 1954</u> , to <u>March 21, 1954</u> , that I last saw the deceased alive on <u>March 20, 1954</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>James S. January Jr.</u>		23b. ADDRESS <u>35 N Central, Clayton Mo</u>	
23c. DATE SIGNED <u>3-22-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Mar. 25, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 22 1954</u>		ADDRESS <u>Colonial Mortuary, Chippewa</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7874 S. Bond*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.